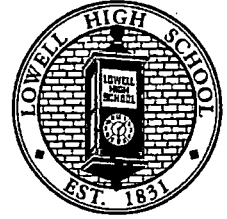




Lowell Public Schools
Lowell High School
50 Fr. Morissette Blvd
Lowell, Massachusetts 01852-1050



Michael Fiato
Head of School

Tel. (978) 937-8900
Fax (978) 937-8902
Email: mfiato@lowell.k12.ma.us

August 23, 2021

Dr. Joel Boyd
Superintendent of School
155 Merrimack Street
Lowell, MA 01852

Re: Request to Travel for David Lezenski, Director of Athletics Lowell High School

Dear Dr. Boyd:

The 50th National Athletic Directors Conference is being held Friday, December 10, 2021 through Wednesday, December 15, 2021 at the Colorado Convention Center, Denver, CO. The National Athletic Directors Conference, sponsored by the National Federation of State High School Associations (NFHS) and the National Interscholastic Athletic Administrators Association (NIAAA), is the single premier conference that provides an outstanding educational in-service program for interscholastic athletic administrators. This first-class conference is foremost in featuring professional speakers and an exhibit show with more than 300 exhibit booth spaces, as well as proven athletic administrators who willingly share their experience and expertise on a variety of educational topics.

This conference offers Professional Development as well as workshops, presentations and speakers that are current and educational in the field of high school athletics. No monies will be requested from the Lowell Public School Department. This trip is being self-paid by Mr. Lezenski.

David also sits on the NIAAA National Certification Committee as the Section I Representative.

Sincerely,

Michael Fiato
Lowell High School - Head of School

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

Please fill out all provided fields to avoid any delays of the approval process.

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Dave Lezenski
School: Lowell High Grade Level: _____ Subject: Dept. of Athletics
Workshop Title: National Athletic Directors Assoc.
Organization/Department Presenting Workshop: NFHS/NADA Cost: 0-
Date(s) of Workshop: 12/10/21 - 12/15/21
Substitute Coverage Needed? No Yes (Please circle one)
If Para is to serve as the coverage, indicate Para's name here: _____

In State ()

*Out of State X

*Overnight X

(Please ☒ one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: [Signature] Date: 8/23/21
Signature of Approval by Principal: [Signature] Date: _____

Please provide source of funding, account number and/or grant name, and number for workshop and substitute

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.)			

Signature of Central Administrator: _____ Date: _____

Sub Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.